



**PHYSICIAN ANNUAL ROUTINE PHYSICAL FORM**

Dear Doctor,

Your patient is participating in a Wellness Program provided by Weiler Corporation. As such, we require your patient to provide confirmation that he or she had an annual routine physical within the **current calendar year**. Please provide this confirmation in the appropriate box below.

Thank you,

This section to be completed by the patient	
Patient Name (please print)	
Co-Worker ID # (required)	

This section to be completed by the physician	
Physician Name (please print)	
Date of Annual Physical	
Physician Signature	
Physician Telephone Number	

Please do not provide any medical information on this form.

**Please return this form to Human Resources to be eligible for the Wellness Credit Program.**

